



### **After IFSP Checklist**

- Document in the child's chart that the IFSP meeting was held and list the follow-up tasks to be completed.
- Update the database with appropriate information according to your office procedures.
- Send copies of the child's IFSP to team members if copies were not distributed at the meeting. Verify that you have a current release for all those who will receive this information. Remember to send the local education agency a copy, as well as team members who were unable to attend the meeting. In addition, it is recommended that the primary care physician receive a copy, provided you have a release for the physician. Document in the chart to whom you have sent a copy.
- Complete forms and/or database input for all services to be funded by TEIS, per agreement at the IFSP meeting according to the policies and procedures of your district/agency. Discontinue any service forms for services that are no longer needed, due to completion (if this was an annual IFSP).
- Complete any assigned tasks that you agreed to address when the IFSP was developed. This might include making further referrals, providing information to the family and/or team, helping the family apply for SSI, etc. Document completion of these tasks in the child's chart as they are accomplished.
- Follow your office's procedures for establishing a reminder of the date for the six-month review. If you know of follow-up other than regular, routine checking with the family, that needs to be done before the six-month review, create a reminder for that task. This will serve as a "tickler" to help you remember the activity to be done. When that task is completed, re-date your system of reminders for the next activity due (such as the six-month review).
- Attempt to contact the family by mail, in person, or by phone monthly until your next scheduled meeting. Be available to provide support as needed when a provider or parent contacts you.



## REVIEW/CHANGE FORM

Child's Name: \_\_\_\_\_

Date of Current IFSP: \_\_\_\_\_

<b>Inactive Status</b> _____ Date inactive status began _____ no longer eligible transition (Part B/Other) _____ parent declined further service whereabouts unknown other (specify) _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Review Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Review Type</th> <th style="text-align: left; border-bottom: 1px solid black;">Review Status</th> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">           _____ six month            _____ parent request            _____ provider request         </td> <td style="border-bottom: 1px solid black;">           _____ continue IFSP            _____ change IFSP            _____ inactive IFSP         </td> </tr> </table>	Review Date	Review Type	Review Status	_____	_____ six month _____ parent request _____ provider request	_____ continue IFSP _____ change IFSP _____ inactive IFSP
Review Date	Review Type	Review Status					
_____	_____ six month _____ parent request _____ provider request	_____ continue IFSP _____ change IFSP _____ inactive IFSP					

<b>Enter reference of page/outcome #/service where changes/additions have been made.</b>

<table style="width: 100%;"> <tr> <td style="width: 10%;"><b>Yes</b></td> <td style="width: 10%;"><b>No</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>I have participated in the review of this IFSP.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>I approve the review status indicated and consent to the changes of outcome(s) and/or service(s) as noted in the IFSP.</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 70%;">Parent _____</td> <td style="width: 30%;">Date _____</td> </tr> <tr> <td>Parent _____</td> <td>Date _____</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 70%;">Designated Service Coordinator _____</td> <td style="width: 30%;">Date _____</td> </tr> </table>	<b>Yes</b>	<b>No</b>		<input type="checkbox"/>	<input type="checkbox"/>	I have participated in the review of this IFSP.	<input type="checkbox"/>	<input type="checkbox"/>	I approve the review status indicated and consent to the changes of outcome(s) and/or service(s) as noted in the IFSP.	Parent _____	Date _____	Parent _____	Date _____	Designated Service Coordinator _____	Date _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center; border-bottom: 1px solid black;">Other IFSP Team Member Contributing to Review</th> </tr> <tr> <th style="width: 25%; text-align: center; border-bottom: 1px solid black;">Name</th> <th style="width: 35%; text-align: center; border-bottom: 1px solid black;">Title/Agency</th> <th style="width: 15%; text-align: center; border-bottom: 1px solid black;">Date</th> <th style="width: 25%; text-align: center; border-bottom: 1px solid black;">Method</th> </tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> </table>	Other IFSP Team Member Contributing to Review				Name	Title/Agency	Date	Method																				
<b>Yes</b>	<b>No</b>																																											
<input type="checkbox"/>	<input type="checkbox"/>	I have participated in the review of this IFSP.																																										
<input type="checkbox"/>	<input type="checkbox"/>	I approve the review status indicated and consent to the changes of outcome(s) and/or service(s) as noted in the IFSP.																																										
Parent _____	Date _____																																											
Parent _____	Date _____																																											
Designated Service Coordinator _____	Date _____																																											
Other IFSP Team Member Contributing to Review																																												
Name	Title/Agency	Date	Method																																									

## REVIEW/CHANGE FORM

This is a multipurpose page. It is used to enter:

1. Changes/additions to identifying information entered on Page Two.
2. Information if there is a change in the child status.
3. Information regarding an IFSP review/change.

**Enter Child's Name.**

**Enter Date of Current IFSP.**

**Enter Review Date**—the date this form was completed. Also enter the review date on the Cover Page.

**Enter** a check under **Review Type** to indicate reason form is used.

**Enter** a check under **Review Status** to indicate the status of the IFSP.

Complete the box regarding **Inactive Status** if form is being completed to reflect inactive status (otherwise, do not complete.)

Enter the date when inactive status began. Circle one of the listed reasons for inactive status or specify "other" by giving a written description.

**Enter reference of page/outcome #/service where changes/additions have been made.**

Complete information regarding changes in outcomes or services as they occur.

Complete information regarding progress of outcomes at six month reviews or sooner if outcomes are completed.

This space may also be used to enter any changes to identifying information recorded on Page Two such as address, phone, parent.

Parent(s) check the appropriate boxes indicating their participation and approval and consent to the changes in the IFSP. Signatures of parent(s) and designated service coordinator are required.

### **Other IFSP Team Members Contributing to Review**

**Enter**

- Name (signature, if present, or printed, if not present, at time of review)
- Title/Agency
- Date contributed
- Method of contribution (phone call, conference call, written review)



### Periodic Review Checklist

- The **Review/Change Form** is a multipurpose form used to enter:
  1. Changes/additions to identifying information.
  2. Information if there is a change in the child status.
  3. Information regarding an IFSP review/change.
- Document changes in outcomes or services as they occur.
- Document progress toward outcomes at the time of the six-month review or more often as outcomes are achieved.
- Enter reference of page/outcome #/service where changes or additions have been made.
- A periodic review (not annual) of a child's IFSP may take place in a meeting, or it may be conducted with team members by phone.
- Call the family, and determine whether they wish to meet to review the IFSP.
- Contact the primary service provider and other team members to determine whether they wish to meet to review the IFSP. If team members agree to conduct the review by phone, you may do so unless policies in your district/agency indicate otherwise.

#### Periodic reviews by phone

- Review with the family and IFSP team members the major outcomes and action steps, recording the results and progress made.
- Based on input from the family and other team members, document progress by indicating whether the outcome has been completed, or is ongoing, modified, delayed, etc. Refer to the *Review Status Key* on the IFSP form for this purpose. Record this information on the IFSP form and the *Review/Change Form*. Include a brief comment that describes the child's progress and/or modifications being made to the program plan by the team.
- After reviewing this information with team members, ask if you may print their name on the *Review/Change Form* indicating their agreement to the content, as discussed. Under the *Method* column, indicate that their participation was by phone.

- Mail the *Review/Change Form* to the parent for their signature. Include a stamped, addressed envelope for them to use when returning the signed form to you. Keep a copy.
- Send copies to the IFSP team members when the signed form is returned. Be sure that you have current release forms for all IFSP team members.
- Document in the child's chart that the review was completed, and update the database as indicated by policies and procedures in your office/agency.

### **Periodic reviews by meeting**

- Communicate with the family and other IFSP team members while arranging the meeting at a convenient time and setting for the family. Send the completed *IFSP Meeting Invitation* to team members.
- At the meeting, review the IFSP major outcomes and action steps, recording the results and progress made by:
  - Entering reference of page/outcome #/service where changes/additions have been made.
  - Completing information regarding changes in outcomes or services.
  - Completing information regarding progress of outcomes at six-month reviews or sooner if outcomes are completed.
  - Using this form to enter any changes to identifying information recorded on Page two such as address, phone, parent, etc.
- *Review Status* and *Review Date* portions of the child's IFSP (found on pages 6- *Outcomes/Action Steps* and 7- *Services*) must be updated when reviews are completed and/or when modifications to an outcome are made in agreement with the family and documented with a *Review/Change Form*. This applies whether the meeting is by phone or in person.
- Have members of the team sign the *Review/Change Form*.
- Mail copies to team members if it was not possible to provide copies at the meeting. Remember to send copies to team members who were unable to attend, as well as to the representative from the local education agency, and the child's primary care physician. Ensure that releases for all team members are current.
- Make any new referrals, and/or complete any new tasks that resulted from this program review.
- Document in the child's chart that the review was completed, and update the database as indicated by policies and procedures in your office/agency.
- Follow office procedures for terminating any unneeded funding service forms, and for initiating new service forms in order to designate funds for services added at the time of this review.

## **Interim Individualized Family Service Plan Procedures**

### **An interim IFSP is developed:**

- In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days or
- When early intervention services have been determined to be needed immediately by the child and the child's family.

### **Early provision of services:**

- With the parent's consent, early intervention services may commence prior to the completion of evaluation of the child. This provision should be used sparingly and appropriately.
- An interim IFSP should be developed, using the family-centered process.
- Certain services may be prescribed before the assessment is completed (e.g., physical therapy for a child with cerebral palsy).
- The child must still receive a multidisciplinary evaluation.
- Service coordination services can be provided and are important in ensuring that information is shared and family choices are honored.
- A flexible system is one that balances the need for early services against waiting for a multidisciplinary evaluation (McGonigel, 1991).

### **Page One:**

- *Interim IFSP meeting date is the date that the Interim IFSP was developed with the parent.*
- *Date of referral is the date that the child was referred to the public agency/early intervention system.*
- *Due date for the initial IFSP is the date 45 days after the referral date to the public agency/early intervention system.*
- *Justification for interim IFSP is for one of the two reasons given.*

Documentation for delay in completion of evaluation is to explain the exceptional circumstances. These exceptional circumstances may be due to child's illness, family crisis, or other circumstances related to the family that make completion of evaluation within 45 days impossible.

### **Page Two:**

- *Referral source is the primary referral source who referred the child to the public agency within the system for evaluation and assessment.*

*Referral recommendations include the referral source's concerns and early intervention services that are determined to be needed immediately by the child and the child's family. (e.g., a child with cerebral palsy is to begin receiving physical therapy as soon as possible)*

- *Informed parental consent-Written parental consent must be obtained before conducting evaluation and assessment and initiating the provision of early intervention services.*
- *Incoming service coordinator is the person who has been working with the family since the initial referral of the child for evaluation.*

**Page Three:**

- *The services listed are those that have been identified as needed immediately by the child and the family.*
- *Identify those services that are required and non-required according to CFR 303.12.*
- *Identify who will provide the services needed.*
- *Starting date of the services to be provided.*
- *Ending date is the date that the initial IFSP is scheduled to be completed.*
- *Identify those services that are provided in a natural environment with\*.*
- *Frequency is the number of days that a service is to be provided.*
- *Intensity is the length of time the service is provided and whether it is individual or group basis.*
- *Payor is the funding source to be used in paying for those services.*

*Action steps leading to the initial IFSP should outline the actions that are being taken to complete comprehensive and multidisciplinary evaluations and assessments needed in order to complete the initial IFSP in a timely manner.*

*Justification of the extent to which the services will not be provided in a natural environment is a written statement explaining the location of services in an environment which is not natural for the child.*

## Interim Individualized Family Service Plan

Child's Name: \_\_\_\_\_

Interim IFSP Date: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Due Date of Initial IFSP: \_\_\_\_\_

**Justification for Interim IFSP:** (Check one)

1. Immediate need for services ☐
2. Delay in completion of evaluation and assessment ☐

Documentation of exceptional circumstances that make completion of evaluation in 45 days impossible: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---



## **INSTRUCTIONS FOR INTERIM IFSP**

### **PAGE 1.**

**INTERIM IFSP MEETING DATE IS THE DATE THAT INTERIM IFSP WAS DEVELOPED WITH THE PARENT.**

**DATE OF REFERRAL IS THE DATE THAT THE CHILD WAS REFERRED TO THE PUBLIC AGENCY.**

303.20 Public agency. As used in this part public agency includes the lead agency and any other political subdivision of the State that is responsible for providing early intervention services to children eligible under this part and their families.

303.321 Comprehensive child find system. (e) Timelines for public agencies to act on referrals.

- (1) Once a public agency receives a referral, it shall appoint a service coordinator as soon as possible.
- (2) Within 45 days after it receives a referral, the public agency shall
  - (i) Complete the evaluation and assessment activities in 303.322 and
  - (ii) Hold an IFSP meeting in accordance with 303.342

**DUE DATE FOR INITIAL IFSP IS THE DATE 45-DAYS AFTER THE REFERRAL DATE TO THE PUBLIC AGENCY**

**JUSTIFICATION FOR INTERIM IFSP IS FOR ONE OF TWO REASONS GIVEN:**

**303.322 Evaluation and assessment.**

(e) Timelines.

- (1) Except as provided in paragraph (e) (2) of this section, the evaluation and initial assessment of each child (including the family assessment) must be completed with the 45 day time period required in 303.321(e).
- (2) The lead agency shall develop procedures to ensure that in the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45-days (e.g. if the child is ill), public agencies will –
  - (i) Document those circumstances and
  - (ii) Develop and implement an Interim IFSP to the extent appropriate and consistent with 303.345 (b)(1) and (b)(2).

**303.345 Provision of services before evaluation and assessment are completed.**

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment in 303.322 if the following conditions are met:

- (a) Parental consent is obtained
- (b) An interim IFSP is developed that includes –
  - (1) The name of the service coordinator who will be responsible, consistent with 303.344 (g) for the implementation of the interim IFSP and coordination with other agencies and persons; and
  - (2) The early intervention services that have been determined to be needed immediately by the child and the child's family
- (c) The evaluation and assessment are completed with the time period required in 303.322(e)

**DOCUMENTATION FOR DELAY IN COMPLETION OF EVALUATION IS TO EXPLAIN THE EXCEPTIONAL CIRCUMSTANCES.**

**Identifying Information**

Child's Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip\_\_\_\_\_  
Phone\_\_\_\_\_  
County

Child's Birth Date: \_\_\_\_\_

Child's Present Age: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Referral Recommendations: \_\_\_\_\_

---

---

---

---

---

---

---

**Informed Parental Consent**

I have participated in the development of this interim IFSP and understand its contents. I agree to its implementation.

\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Date**Part C/P.L. 105-17**I have been informed of and understand my rights as a parent under Part C of 105-17. I have received a copy of  
Rights of Infants and Toddlers with Disabilities.\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Date

Incoming Service Coordinator: \_\_\_\_\_ Agency: \_\_\_\_\_

## **INSTRUCTIONS FOR INTERIM IFSP**

### **PAGE 2.**

**REFERRAL SOURCE IS THE PRIMARY REFERRAL SOURCE WHO REFERRED THE CHILD TO THE PUBLIC AGENCY WITHIN THE SYSTEM FOR EVALUATION AND ASSESSMENT.**

**REFERRAL RECOMMENDATIONS INCLUDES THE REFERRAL SOURCE'S CONCERNS AND EARLY INTERVENTION SERVICES THAT ARE DETERMINED TO BE NEEDED IMMEDIATELY BY THE CHILD AND THE CHILD'S FAMILY.**

**303.345 NOTE:** This section is intended to accomplish two specific purposes: (1) To facilitate the provision of services in the event that a child has an obvious immediate need that is identified, even at the time of referral (e.g. a physician recommends that a child with cerebral palsy begins receiving physical therapy as soon as possible) and to ensure that the requirements for the timely evaluation and assessment are not circumvented.

### **INFORMED PARENTAL CONSENT**

#### **303.404 Parental Consent**

- (a) Written parental consent must be obtained before –
- (1) Conducting the initial evaluation and assessment of a child under 303.322; and
  - (2) Initiating the provision of early intervention services (see 303.342 (e)).

#### **303.401 Definition of consent**

As used in this part

- (a) Consent means that –
- (1) The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication;
  - (2) The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and
  - (3) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

**INCOMING SERVICE COORDINATOR IS THE PERSON WHO HAS BEEN WORKING WITH THE FAMILY SINCE THE INITIAL REFERRAL OF THE CHILD FOR EVALUATION.**

**INTERIM SERVICES**

**Child's Name:** \_\_\_\_\_

<b>Services Needed Immediately</b>	<b>Required/ Non-required</b>	<b>Provider</b>	<b>Starting Date</b>	<b>Pending IFSP Date/ Ending Date</b>	<b>Environment/ * Natural Environment</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Payor</b>

**Justification of the extent to which service(s) will not be provided in a natural environment:**


**Action steps leading to the initial Individualized Family Service Plan:**


## INTERIM IFSP

### PAGE 3

1. The **services** listed are those that have been identified as needed immediately by the child and the family
2. Identify those services that are **required and non-required** according to 303.12
3. **Provider** identifies who will provide the services needed
4. **Starting date** of the services to be provided
5. **Ending date** is the date that the initial IFSP is scheduled to be completed
6. Identify those services that are provided in a **natural environment** with an \* asterisk".
7. **Frequency** is the number of days the service is to be provided
8. **Intensity** is the length of time the service is provided and whether it is on an individual or group basis
9. **Payor** is the funding source to be used in paying for those services

**ACTION STEPS LEADING TO THE INITIAL IFSP SHOULD OUTLINE THE ACTIONS THAT ARE BEING TAKEN TO COMPLETE COMPREHENSIVE AND MULTIDISCIPLINARY EVALUATION, AND ASSESSMENTS NEEDED IN ORDER TO COMPLETE THE INITIAL IFSP IN A TIMELY MANNER.**

**JUSTIFICATION OF THE EXTENT TO WHICH THE SERVICES WILL NOT BE PROVIDED IN A NATURAL ENVIRONMENT IS A WRITTEN STATEMENT EXPLAINING THE LOCATION OF SERVICES IN AN ENVIRONMENT WHICH IS NOT NATURAL FOR THE CHILD.**

#### **303.12 Early intervention services.**

##### **(b) Natural environment**

- (1) To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate
- (2) As used in paragraph (b) of this section, natural environment means settings that are natural or normal for the child's age peers who have no disability



**Dr. Seuss on IFSPs**  
(Rhythm From *Green Eggs & Ham*)  
Author Unknown

**Do You Like IFSPs?**

I Do Not Like IFSPs  
I Do Not Like Them, Geez Louise  
We Test, We Check  
We Plan, We Meet  
But Nothing Ever Seems Complete

**Would You, Could You, Like The Form?**

I Do Not Like The Form I See  
Not Page 1, Not 2, Not 3  
Another Change-A Brand New Box  
I Think We All Have Lost Our Rocks!

**Could You All Meet Here Or There?**

We Could Not All Meet Here Or There  
We Cannot All Fit Anywhere!  
Not In A Room, Not In A Hall  
There Seems To Be No Space At All

**Would You, Could You Meet Again?**

I Cannot Meet Again Next Week  
No Lunch, No Prep-Please Hear Me Speak  
No Not At Dusk, No Not At Dawn  
At 4 P.M. I Should Be Gone

**Could You Hear While All Speak Out?  
Would You Write The Words They Spout?**

I Could Not Hear, I Would Not Write  
This Does Not Need To Be A Fight  
Sign Here, Date There, Mark This, Check That  
Beware The Student's Ad-Vo-Cat (e)

**You Do Not Like Them  
So You Say  
But Try Again, And Then You May**

If You Will Only Let Me Be  
I'll Try Again  
And We Will See

**Say!**

I Almost Like IFSP's  
I Think I'll Write Six Thousand Three  
I Will Practice Day And Night  
Until They Say  
"You've Got It Right!"